

State of New Hampshire



**Board of Barbering, Cosmetology, and Esthetics
121 South Fruit St
Concord NH 03301
271-3608**

TO APPLY FOR THE NEW HAMPSHIRE EXAM

If you would like to apply for the New Hampshire exam you will have to provide the board with the following:

1. Current name and mailing address. Name change must include a copy of official documentation, such as, a marriage license, court paper, divorce decrees, etc.
Drivers license is NOT acceptable:
2. Copy of your drivers license;
3. Copy of your high school diploma or its equivalent;
4. 2 passport photos;
5. Complete the attached questionnaire;
6. A letter verifying school training. The letter required shall state or include:
 - The name of the board/agency and the state where the apprenticeship took place;
 - The name of applicant;
 - The name of school and the address where the apprenticeship was completed;
 - Apprenticeship enrollment date;
 - Apprenticeship completion date;
 - The total number of apprenticeship hours;
 - Break down of subject received in those hours;
 - The signature and title of person writing the letter; and
 - The board/agency seal.
7. If you do not have the required amount of hours, you must also send a notarized letter of work experience written by someone else on your behalf. Letter of work experience for cosmetologists or master barbers must verify work for at least 3,000 hours, barbers 1600 hours, estheticians 1200 hours, and manicurists must have 600 hours.

Once the Board receives the above information it will be reviewed for compliance with RSA 313-A and the Board's administrative rules.

NEW HAMPSHIRE BOARD OF BARBERING,
COSMETOLOGY, AND ESTHETICS
121 SOUTH FRUIT ST
CONCORD NH 03301
603 271-3608 Phone
603 271-8889 Fax

QUESTIONNAIRE FOR APPLICANTS and LICENSEES

- **This questionnaire must be completed using blue or black ink, signed, and sent to the NH Board of Barbering, Cosmetology, and Esthetics at the above address with your application for licensure or renewal. The Board will not issue any application, license, renewal, or work permit without this form completed. (If additional space is required for explanation use other side.)**

1. Have you ever been convicted of any felony or misdemeanor, **other than a traffic violation**, which has not been annulled by a court? (Circle one) YES NO
If yes, Before the Board can review your file for approval they must have the following documents: You must obtain from the Court(s) a copy of the court charge(s), conviction(s), penalties imposed, and provide a statement from you relative to the charge(s); and

If you are currently on probation you must provide all the above plus the following: You must provide your probation officers name, mailing address, and telephone number if applicable; and You must obtain a letter from your probation officer stating you are in compliance with your probation. If you were on probation/parole and have completed all requirements we need a letter indicating you have met all requirements and are no longer on probation or parole.

If you have already submitted the above to the Board, in a prior application, and the Board approved the conviction(s) you must state the conviction, the date of the conviction, and the date the Board approved this conviction:

2. Are you addicted to the use of alcohol or other habit-forming drugs to a degree rendering you unfit to practice under RSA 313-A (Circle one) YES NO **If yes explain:**
3. Have you been determined by a court to be mentally incompetent or do you have, or have you been told by health practitioner or mental health practitioner that you have, a physical or a mental condition that impairs your ability to practice the profession for which you are seeking licensing under RSA 313-A? (Circle one) YES NO **If yes, Explain:**

I hereby certify that the statements made in this application are true and accurate. I have not withheld information that is requested. I am aware that a false, dishonest or misleading answer may be grounds for 1) denial of this application; 2) disciplinary action against my license; and further that 3) false statements are punishable by law.

Applicant Signature: _____

Applicant Name (Please Print): _____

Current Mailing Address: _____

Email address _____ Check box if you
do not want email address part of public record
Telephone _____ Social Security No. _____